22 NAME . EPA NO.

CALIFORNIA HAZARDOLIS WASTE MANIEEST

5'7358	Q CALIFORNIA	State Department		I WAITIF		TE 001504
See reverse side for Instructions. Please type or print clearly. Press Hard.	· HAZARD	OUS MATERIALS 744 P Street, Sacrai	MANAGEMENT :	SECTION	· (1) Manifest O	15-001534
GENERATOR (Generator Must Complete)	(3) Designat				(4) Alternate TSD Facility	SFUND RECORDS CTR
* ALUMINUM COMPANY OF A	AMERICA approved	d state program or fe	ederal program)		·	999000886
2 Name VERNON WORKS		PERATING IN	DUSTRIES, I	NC.	Name CHEMICAL WAST	E-MANAGEMENT INC.
EPA NO. C A D 0 7 4 1 2 6	6 6 8 1 EPA NO.	CADO	80012	024	EPA NO. CAT	0 0 0 6 4 6 1 1 7
Address 5151 Alcoa Ave. Phone No	o. 588-6141 Address	900 N. Potre			Address P.O. BX 110	04, 430 W. Elm Ave.
City, State, Zip Vernon, Ca. 90058	City, State, 2	<sub>dip</sub> Montere	y Park, Ca.		City, State, Zip Coalir	nga, Ca. 93210
(5) U.S. DOT PROPER SHIPPING NAME	U.S. DOT UN/NA HAZARD CLASS ID NO.	WEIGHT OR VOLUME	UNITS			
WASTE	TAZARO CERSO ID NO.	70252		TYPE: D		TONS
WASTE					TANK TRUCK DUMP THER	
#2		1				1
6 WASTE CATEGORY #7	(7) EX. HAZ. WASTE	PERMIT NO		) GENERATING	PROCESS Aluminum Fa	ADTICATION RANGE
LIST COMPONENTS:	UPPER LOWER	UNITS	_		UPPER	LOWER UNITS
		]%				
В	·	]%				· ·
C		□% □ ppm. □% □ ppm.	• • • • • • • • • • • • • • • • • • • •		00_%	%   ppm.
	☐ Toxic ☐ Flammable	⊐ க ப ppm. □ Corrosive/(எ				
(11) PHYSICAL STATE:     Solid   Liqu		•			ensitizer	•
1×	☐ Gloves ☐ Goggles	Respirator	-			
GENERATOR CERTIFICATION: This is to certify the applicable regulations of the Department of Tra		ls are properly classi	fied, described, pa	ck <b>age</b> d, marked, l	labeled, and are in proper condit	ion for transportation according to
IN THE EVENT OF A SPILL, CONTACT THE N	· ·		Y	el. /	<b>1</b>	4-10-81
RESPONSE CENTER, U.S. COAST GUARD 1-80		(13)	Signature of	Authorized Ager	nt and Title	Date Shipped
TRANSPORTER (HAULER MUST COMPLETE	======================================					
(14) NAMEASBURY OIL CO.	.,				(15) PICK-UP DAT	E 4-10.8/
EPA NO. CADO 28277	036	Λ		t.	TIME 9:15	AM PM
ADDRESS 13419 Halldale Avenue PHONE		_ //	min	. /	TIME	
CITY, STATE, ZIP Gardena, California 90248		(6) — M	Signature of	Authorized Ager	nt and Title	4-10-8 Date
	CT COMPLETE)	—— <i>V</i> —			11 0110 1110	
a thomas is in		V tizaa	1000	BL.	(A)	20041 44571105
(17) NAME (12) (17) (17)	TO DEC	Y (If Measured)			(21) HANDLING OR DIS	
EPA NO. (17 (10 0 0 7 ) 2	19 STATE FE	E (If Any)			☐ Surface Impou	
PHONE NO.	OISÓ DETAISEN TANAMATA				☐ Injection Well	
(20) INDICATE ANY SIGNIFICANT DISCREPAN	CIES RE IMPEN MANIFEST A	AND	) ,	A	☐ Treatment (Sp	•
IF WASTE IS HELD FOR DELIVERY ELSEWHER	RE SPECIFY THE DESIGNAT	ED TSD FACILITY	- 11 1	// /	Recovery or R	euse Storage/Transfer
II WASTE IS THE EST TO THE EST TENT CESSESTION OF	ic, or con a fine beorgina	CO TOD TOPOLETTE	. ,, ,	///	/	

Signature of Authorized Agent and Title

Date Accepted ORIGINAL